

Todd Schmitz Deputy Clerk

Carmella Sabaugh

Macomb County
Clerk/Register of Deeds

Betty A. Oleksik Deputy Register of Deeds

July 6, 2006

Friends of Michael Peter Torrice Committee 32059 Utica Rd. Fraser, MI 48026

Dear Committee:

Effective in July, a report detailing campaign finance fees owed by committees will be available to the public on my web site. As a courtesy, I wanted to give you the opportunity to pay your fees before the information is posted on the web.

Our records indicate that your committee, #137111 - Friends of Michael Peter Torrice Committee, currently owes a total of \$1,000.00.

Checks or money orders should be made payable to *Macomb County Clerk*. For your convenience, I am enclosing a form that may be used for credit card payments and can either be mailed or faxed back to us. Our fax number is (586) 469-6927 and our mailing address is: Macomb County Clerk, Election Dept., 40 North Main, Mount Clemens, MI 48043.

If you have any questions about this information, please feel free to contact the Election Department of my office at (586) 469-5209. Thank you.

Yours truly,

Carmella Sabaugh

Macomb County Clerk/Register of Deeds

Clerk's Office
40 N. Main St.
Mount Clemens, MI 48043
586-469-5120
Fax: 586-783-8184
http://www.macombcountymi.gov/clerksoffice

clerksoffice@macombcountymi.gov

Fax-on-Demand Michigan: 1-888-99-CLERK Out-of-State: 310-575-5035 Register of Deeds
10 N. Main St.
Mount Clemens, MI 48043
586-469-5175
Fax: 586-469-5130

http://www.macombcountymi.gov/registerdeeds registerdeeds@macombcountymi.gov

MACOMB COUNTY ELECTIONS DEPARTMENT CAMPAIGN FINANCE FEE PAYMENT FAX SHEET

FAX THIS FORM TO ELECTIONS AT 586-469-6927

Name of Committee:	13-400-11-F1 - 14-40-11-11-11-11-11-11-11-11-11-11-11-11-11	
Contact Name:		
Address:		
City:	State:	Zip:
Daytime phone:	E-mail:	
Document(s) payment is for:		
I authorize the Macomb County Elec \$00 for Campaign Fina	nce Fees owed by	the committee stated above.
PAYN	MENT INFORMATION	ON
Type of credit card being used: Visa MasterCard American Express Discover		lder name (please print):
	Cardho	Cardholder signature (REQUIRED):
Date:		
Credit card number:		Expiration date:
		/

FORM CAN ALSO BE MAILED TO: Macomb County Clerk Election Department 40 North Main Street Mount Clemens, MI 48043 For copies of this form or other forms call:
888-99-CLERK (888-992-5375)
Out of Michigan call: 310-575-5035
This form is document #6720
A complete listing of forms is document #1
For help completing this form call
586-469-5209

You may view outstanding Campaign Finance balances at http://campaignfinance.macombcountymi.gov/

FAX THIS FORM TO: 586-469-6927

The County Clerk's Office copy of this form will be destroyed after processing.

Fax-on-Demand Doc #6720 Rev. 06/06